

Iowa Eligibility Application

August 3, 2006

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 - Bureau of Nutrition Programs and School Transportation

Highlights of Training

- Changes in the application
- Clarification of expectations
- Information sharing
- Overview of verification

Who, how, when

- ALL households must be provided an application
- Applications may be mailed, hand delivered or similar systems
- At or near the beginning of the school year

Changes in the application

- We have had separate applications for each program in the past
- This year we are striving for a single application for all or most child nutrition programs
- We encourage sharing of information between CN programs

Part 1 of the Application

<input type="checkbox"/> school meals	<input type="checkbox"/> children in center	<input type="checkbox"/> children in home child care (HP)
<input type="checkbox"/> special milk (restrictions apply)	<input type="checkbox"/> tier I home provider (HP)	Provider name:
<input type="checkbox"/> foster child (ONE APPLICATION PER CHILD)	<input type="checkbox"/> Head Start/Even Start	

A Special Note about Foster Children

- Check the box in Parts 1 and 5
- One application per child
- Include the income available to the child for personal use (a very rare situation)
- Do not include the foster child in the foster household

Part 2 of the Application

Part 2. Children enrolled. REQUIRED OF ALL APPLICANTS. If applicable, list FIP or Food Assistance Case Numbers.

List name(s) of all child(ren) enrolled. Children's Racial and Ethnic identities are optional. Provide one or more if you choose (see code).

Race: A=Asian, B=Black or African American, I=American Indian or Alaska Native,
P=Native Hawaiian or other Pacific Islander, W=White, O=Other

Ethnicity: H=Hispanic or Latino,
N= Non Hispanic or Latino

Last Name	First Name	Middle Name or Initial	Date of Birth	Grade	Race and Ethnicity (Optional)	School/ Head Start/ Child Care Center	FIP Case Number (1 per child)	Food Assistance Case Number (1 per family)
1								
2								NOTE: REFER TO NOTICES OF DECISION FOR CASE NUMBERS.
3								
4								
5								

A Special Note about Food Assistance Numbers



From DHS FAQs

- ◆ Keep your Iowa EBT card even if your Food Assistance case is canceled. You can keep using your Iowa EBT card as long as you have Food Assistance left in your EBT food account.
- ◆ Keep your Iowa EBT card even if you stop getting Food Assistance. You can use your same Iowa EBT card and your same PIN if you are approved for Food Assistance again. You won't have to wait for a new Iowa EBT card to come in the mail. You can use your food account right away after you are approved to get Food Assistance again.

WRRL NO.

CDL NO.

NOTICE DATE:

CASE NO.

WORKER NAME

If you have questions, phone your worker at:
We will accept collect calls from you if you live outside the local calling area.



If you wish to appeal the denial of eligibility or the amount of benefit see the back side for appeal rights. Your County Department of Human Services will assist you in filing an appeal if you ask them, or you may contact LEGAL SERVICES CORPORATION OF IOWA at 1-800-532-1275, or if you live in Polk County 243-1193, if you need help with an appeal.

Typical Iowa Numbers

- FIP: 2121130F
- Food Assistance: E 39801-00-0
- Medicaid, Title XIX numbers do not qualify recipients

A Special Note about Direct Certification

- Letters are sent in early August to households receiving Food Assistance
- Only school aged children appear on the letter
- Households MAY NOT add a child's name to the letter. An application is required for additional children
- Parent signature on the direct certification letter is required.

Part 3 of the Application

Part 3. Total Household Gross Income. DO NOT COMPLETE THIS PART IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2. Report the gross income received by EACH household member in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take home pay. Report all other monthly income received. Self employed persons, see the worksheet on reverse side.

List the names of <u>everyone</u> living in your household, including the children listed in Part 1. Attach a separate page if more space is needed.		Age	Check if NO income	Gross Income: Report income by how often the household member is paid.				Other Monthly Payments or Income		
				Amount paid weekly	Amount paid every 2 weeks	Amount paid twice a month	Amount paid monthly	Welfare Child Support Alimony Adoption Subsidies	Pension, retirement, social security, VA	All other income
Last Name	First Name									
1			<input type="checkbox"/>							
2			<input type="checkbox"/>							
3			<input type="checkbox"/>							
4			<input type="checkbox"/>							
5			<input type="checkbox"/>							
6			<input type="checkbox"/>							
7			<input type="checkbox"/>							

My Social Security Number: _____ - _____ - _____ ☐ I do not have a Social Security number.

If Part 3 is completed, the adult signing the form must also list his or her Social Security number or mark the "I do not have a Social Security number" box. Foster parents completing this application for a foster child are not required to provide their social security numbers. For all other applicants, providing social security numbers is voluntary. **See Privacy Act Statement in the parent letter.**

Part 3 of the Application

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List the names of everyone living in your household, including the children listed in Part 1. Attach additional sheets if more space is needed.	Income by how often member is paid.	Other Monthly Payments or Income	
		Medicaid, VA, etc.	All other income
Last Name			
1			
2			
3			
4			
5	<input type="checkbox"/>		
6	<input type="checkbox"/>		
7	<input type="checkbox"/>		

Income information is NOT required if a FIP or Food Assistance number is provided.

My Social Security Number: _____ - _____ - _____ ☐ I do not have a Social Security number.

If Part 3 is completed, the adult signing the form must also list his or her Social Security number or mark the "I do not have a Social Security number" box. Foster parents completing this application for a foster child are not required to provide their social security numbers. For all other applicants, providing social security numbers is voluntary. See Privacy Act Statement in the parent letter.

Part 3 of the Application

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List the names of <u>everyone</u> living in your household, including the children listed in Part 1. Attach a separate page if more space is needed.		Age	Check if NO one	Gross Income: Report income for the household member				Payments or Income			
Last Name	First Name			Weekly	Every 2 weeks	Twice a month	Monthly	Disability, pension, Social Security, VA	All other income		
1			<input type="checkbox"/>								
2			<input type="checkbox"/>								
3			<input type="checkbox"/>								
4			<input type="checkbox"/>								
5			<input type="checkbox"/>								
6			<input type="checkbox"/>								
7			<input type="checkbox"/>								

Age only used to help identify household members.

My Social Security Number: _____ - _____ - _____ ☐ I do not have a Social Security number.

If Part 3 is completed, the adult signing the form must also list his or her Social Security number or mark the "I do not have a Social Security number" box. Foster parents completing this application for a foster child are not required to provide their social security numbers. For all other applicants, providing social security numbers is voluntary. See Privacy Act Statement in the parent letter.

Part 3 of the Application

Part 3 Total Household Gross Income. DO NOT COMPLETE THIS PART IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2. Report amount on revenue for each household member in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the total income received, not take home pay. Report all other monthly income received. Self employed persons, see the worksheet

CURRENT
income required
for most applicants

List the child's name and date of birth	Check if income is from	Gross Income: Report income by how often the household member is paid.				Other Monthly Payments or Income		
		Amount paid weekly	Amount paid every 2 weeks	Amount paid twice a month	Amount paid monthly	Welfare Child Support Alimony Adoption Subsidies	Pension, retirement, social security, VA	All other income
1	<input type="checkbox"/>							
2	<input type="checkbox"/>							
3	<input type="checkbox"/>							
4	<input type="checkbox"/>							
5	<input type="checkbox"/>							
6	<input type="checkbox"/>							
7	<input type="checkbox"/>							

My Social Security Number: _____ - _____ - _____

☐ I do not have a Social Security number.

If Part 3 is completed, the adult signing the form must also list his or her Social Security number or mark the "I do not have a Social Security number" box. Foster parents completing this application for a foster child are not required to provide their social security numbers. For all other applicants, providing social security numbers is voluntary. See Privacy Act Statement in the parent letter.

Income

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2005

(99)

IRS Use Only—Do not write or staple in this space.

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Presidential

Election Campaign

L
A
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L

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E

For the year Jan. 1–Dec. 31, 2005, or other tax year beginning , 2005, ending , 20

Your first name and initial

Last name

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

OMB No. 1545-0074

Your social security number

⋮
⋮
⋮

Spouse's social security number

⋮
⋮
⋮

▲ You **must** enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ►

☐ You ☐ Spouse

USDA vs. IRS

- IRS and USDA differ in how income is recognized
- Many deductions allowed by IRS are NOT allowed by USDA
 - Some medical expenses
 - Alimony and child support paid

More USDA vs. IRS

- USDA includes regular withdrawals from savings in income
- IRS allows carry-over losses from one year to the next
- IRS allows off-sets for business losses

1040

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7		
8a	Taxable interest. Attach Schedule B if required	8a		
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required	9a		
b	Qualified dividends (see page 23)	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10		
11	Alimony received	11		
12	Business income or (loss). Attach Schedule C or C-EZ	12		
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> <input type="checkbox"/>	13		
14	Other gains or (losses). Attach Form 4797	14		
15a	IRA distributions	15a		
b	Taxable amount (see page 25)	15b		
16a	Pensions and annuities	16a		
b	Taxable amount (see page 25)	16b		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
18	Farm income or (loss). Attach Schedule F	18		
19	Unemployment compensation	19		
20a	Social security benefits	20a		
b	Taxable amount (see page 27)	20b		
21	Other income. List type and amount (see page 29)	21		
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22		

Other income worksheet

The necessary and appropriate information for arriving at allowable income from private business operation is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040 in the following manner. Lines 13 and 14 should only be used once if you are engaged in two or more types of business activities.

Farming Income - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 13 - Capital gain or (loss)	\$ _____
Line 14 - Other gains or (losses)	\$ _____
Line 18 - Farm income or (loss)	\$ _____
	Total A \$ _____*

Proprietorship Income - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 12 - Business income or (loss)	\$ _____
Line 13 - Capital gain or (loss)	\$ _____
Line 14 - Other gains or (losses)	\$ _____
	Total B \$ _____*

Income from Other Sources - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 13 - Capital gain or (loss)	\$ _____
Line 14 - Other gains or (losses)	\$ _____
Line 17 - Rental real estate, royalties, partnerships, S corporations, trusts, etc.	\$ _____
	Total C \$ _____*

*Total A + Total B + Total C = _____ ÷ 12 = _____

Enter amount in the "All Other Income Last Month" column in Part 3 on the front of Iowa Free and Reduced Price Meal and Free Milk Application.

Line 13 - Capital gain or (loss)

Line 14 - Other gains or (losses)

Line 18 - Farm income or (loss)

Line 12 - Business income or (loss)

Line 13 - Capital gain or (loss)

Line 14 - Other gains or (losses)

Line 13 - Capital gain or (loss)

Line 14 - Other gains or (losses)

Line 17 - Rental real estate, royalties, partnerships, S corporations, trusts, etc.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			
8a	Taxable interest. Attach Schedule B if required			
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required			
b	Qualified dividends (see page 23)	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)			
11	Alimony received			
12	Business income or (loss). Attach Schedule C or C-EZ			
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here			<input type="checkbox"/>
14	Other gains or (losses). Attach Form 4797			
15a	IRA distributions	15a		b Taxable amount (see page 25)
16a	Pensions and annuities	16a		b Taxable amount (see page 25)
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			
18	Farm income or (loss). Attach Schedule F			
19	Unemployment compensation			
20a	Social security benefits	20a		b Taxable amount (see page 27)
21	Other income. List type and amount (see page 29)			
22	Add the amounts in the far right column for lines 7 through 21. This is your total income			

Income Conversion

- Income should not be converted to annual UNLESS more than one income frequency is reported
- Conversion factors are printed on the application
 - Using the wrong conversion factors is a frequent cause of errors

A Special Note about Social Security Numbers

- SSN are only required if the household applies for benefits based on income
- Households qualifying with FIP or Food Assistance are not required to provide SSN
- "I do not have a Social Security number" may be checked

Part 4 of the Application

Part 4. Certification and Signature. REQUIRED OF ALL APPLICANTS

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted.

Signature of Adult Completing Form

Printed Name of Adult Completing Form

Date Signed

Address of Adult Completing Form

Town and ZIP

Work Phone

Home/Cell Phone

Part 5 of the Application

Part 5. DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.

Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12

Household Income: \$ _____ ☐ Weekly ☐ Every 2 Weeks ☐ Twice Monthly ☐ Monthly ☐ Annually Household Size _____

Application Approved: ☐ Income ☐ FIP/Food Assistance ☐ Foster ☐ Automatic Eligibility (CACFP HP only)
☐ Temporary Approval (zero income) expires in 45 days on _____ ☐ Homeless/Migrant (Schools only)
 Eligibility Determination: ☐ Free Meals ☐ Reduced Price ☐ Tier 1 Area (CACFP HP only) ☐ Tier 1 Income (CACFP HP only) ☐ Free Milk

Application Denied: <input type="checkbox"/> Incomplete <input type="checkbox"/> Over income limits			
Determining Official Signature _____ Effective Date _____		Confirming Official Signature (Schools only) _____	Date _____
		Follow-Up Official Signature (Schools only) _____	Date _____

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Household Income: \$ _____ ☐ Weekly ☐ Every 2 Weeks ☐ Twice Monthly ☐ Monthly ☐ Annually Household Size _____

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☐ Temporary Approval ☐ Homeless/Migrant (Schools only)
Eligibility Determination: ☐ Free Meals ☐ Reduced Price ☐ Tier 1 Area (CACFP HP only) ☐ Tier 1 Income (CACFP HP only) ☐ Free Milk

Application Denied: ☐ _____
Signature (Schools only) Date
Determining Official Signature _____
Signature (Schools only) Date

Conversion factors,
frequency of income

Application Approval or Denial

- Check the box to indicate the reason for approval or denial

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Eligibility Determination: ☐ Free Meals ☐ Reduced Price ☐ Tier 1 Area (CACFP HP only) ☐ Tier 1 Income (CACFP HP only) ☐ Free Milk

Application Denied: ☐ Incomplete ☐ Over income limits

Determining Official Signature

Effective Date

Confirming Official Signature (Schools only)

Date

Follow-Up Official Signature (Schools only)

Date

Eligibility Determination

- Free
- Reduced price
- Free milk

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Application Approved: ☒ Income ☐ FIP/Food Assistance ☐ Foster ☐ Automatic Eligibility (CACFP HP only)

☐ Temporary Approval (zero income) expires in 45 days on _____ ☐ Homeless/Migrant (Schools only)

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Application Denied: ☐ Incomplete ☐ Over income limits

Determining Official Signature

Effective Date

Confirming Official Signature (Schools only)

Date

Follow-Up Official Signature (Schools only)

Date

A Special Note about Temporary Approvals

- For zero income
- A maximum of 45 calendar days is recommended for temporary approvals
- The household must reapply or indicate that their income has not changed

Part 5 of the Application

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Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12

Household Income: \$ _____ ☐ Weekly ☐ Every 2 Weeks ☐ Twice Monthly ☐ Monthly ☐ Annually Household Size _____

Application Approved: ☐ Income ☐ FIP/Food Assistance ☐ Foster ☐ Automatic Eligibility (CACFP HP only)

☒ Temporary Approval (zero income) expires in 45 days on [REDACTED] ☐ Homeless/Migrant (Schools only)

Eligibility Determination: ☒ Free Meals ☐ Reduced Price ☐ Tier 1 Area (CACFP HP only) ☐ Tier 1 Income (CACFP HP only) ☐ Free Milk

Application Denied: ☐ Incomplete ☐ Over income limits

Determining Official Signature

Effective Date

Confirming Official Signature (Schools only)

Date

Follow-Up Official Signature (Schools only)

Date

Signatures

- The Determining Official must sign and date ALL applications
- The Confirming Official MAY NOT be the same person as the Determining Official
- The Confirming Official must check all applications selected for verification and confirm their accuracy

Carry over

- First 30 operating days of school
- Based on last year's eligibility

Homeless/Migrant/ Runaway Students

- Homeless and runaway students identified by the SFA's homeless liaison
- Migrant students identified by State Migrant Education Program (Donna Eggleston).
- Application completed by SFA or list of students maintained

Yearlong Eligibility

- Households are not required to report changes in their situations that reduce benefits
 - Increased income
 - Reduction in number of household members
 - Termination of FIP or Food Assistance benefits

Year-Round Application

- Households may apply or re-apply at any time during the year

hawk-i

hawk-i / Medicaid Information Form

Read this information and **sign if you decide you do not want** your name released to **hawk-i** or Medicaid.

If your children do not have health insurance, you will be interested to know that many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law now allows us to share your free and reduced price meal eligibility information with Medicaid and **hawk-i**, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and **hawk-i** can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the **hawk-i** program. It will not affect your children's eligibility for free and reduced price meals. If you do **NOT** want your information shared with Medicaid or **hawk-i**, you must tell us by completing the information below at the time you complete your free/reduced application. If you want further information, you may call **hawk-i** at 1-800-257-8563.

I DO NOT want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with Medicaid or **hawk-i**. Also, if you are already receiving Medicaid or **hawk-i**, please sign below. This will avoid another contact.

Child's Name: _____

School/Child Care/Head Start Center: _____

Child's Name: _____

School/Child Care/Head Start Center: _____

Child's Name: _____

School/Child Care/Head Start Center: _____

Parent/Guardian Name (Printed) _____ Signature _____ Date _____

Waivers of Confidentiality

- Usually used for fee waivers
- MUST be specific services or activities
 - “cultural activities” or “afterschool activities” are not specific
 - “book fee waiver” is specific

Information Sharing

- Information about a child's eligibility status may be shared between CN programs
- Receiving program has the responsibility for correctness

How is info shared?



- Copy of the application
- Confirm benefits of children whose names are on a list from requesting program
- Confidentiality is required

What happens if there is an error?

- As providing program, you have no requirement to notify a program you provided information to
- Overclaims may be assessed to the receiving program

Verification

- Samples to be selected based on applications in hand on October 1
- DO NOT INCLUDE CARRYOVERS
- Two sample sizes possible
 - 3% error prone
 - Alternate sample

3% error prone

- Required of SFAs that had higher levels of non-responsive households last year
- $\# \text{ households not responding} \div \# \text{ households verified} = \text{non-response rate}$
 - 20% or higher: must use error prone method

Error Prone Example

- Number of applications verified: 22
- Number of non-responsive households: 4
- $4 \div 22 = .182$

More 3% error prone

- Select all applications to be verified from those applications within \$100 monthly or \$1200 annually of eligibility guidelines
- If there are not enough error prone applications, select the remainder randomly

Alternate Samples

- Option 1:
Selection of 1%
of error prone
applications
eligible by
income PLUS
0.5% of
applications
eligible by FIP or
food assistance
- Option 2:
Random
selection of 3%
of all
applications
subject to
verification

Important resources

- Bureau website:
<http://www.state.ia.us/education/ecese/fn/index.html>
- CNP 2000 website:
<https://www.edinfo.state.ia.us/CNP/security.asp>

More resources

- Bureau phone number: 515-281-5356
- Bureau fax number: 515-281-6548

More resources

- patti.harding@iowa.gov
- nancy.christensen@iowa.gov